

PART B - FEE(S) TRANSMITTAL

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22918 7590 02/07/2007

PERKINS COIE LLP
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	PRIM. DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/621,833	02/16/2003	Don Segal	54800-8023.1500	9297

TITLE OF INVENTION: METHOD AND COMPOSITION FOR INHIBITING CANCER CELL GROWTH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	02/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
WAX, ROBERT A	1656	424-094600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Perkins Coie LLP</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).		2. <u>Peter J. Dehlinger</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Helix BioPharma Corporation

Aurora, Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4. The following fact(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above):

A check is enclosed.

Payment by credit card. Form PTO-205B is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-090077. Enclose an extra copy of this form.

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(y)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party to interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Peter J. Dehlinger

Typed or printed name Peter J. Dehlinger

Date March 21, 2007

Registration No. 57,636

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